



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 2022

PURPOSE OF THIS INVESTMENT PLAN TEMPLATE

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) is providing this Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP using this Word file template. **Completed IPs must be submitted to DHCS no later than Friday, September 30, 2022.**

HHIP Program Submissions



INVESTMENT PLAN SUBMISSION STRUCTURE

The IP template has the following four components (with associated earnable points) and must be completed in full and submitted to DHCS no later than **September 30, 2022**. DHCS will not accept a submission if any of the components are missing (i.e., an incomplete submission) or unsatisfactory. MCPs participating in the HHIP across multiple counties must submit a separate IP for each county.

- **PART I: Investments:** MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:
 1. Which HHIP measures each investment is intended to impact; and
 2. Whether each investment will support MCP or provider/partner infrastructure and capacity (or both), or direct member interventions.
- **PART II: Risk Analysis:** MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description will include what steps the MCP might take to address these potential risks and barriers.
- **PART III: CoC Letter of Support:** MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP, and support the MCP's IP. The letter of support should be included with this IP submission **as an appendix**.¹
- **PART IV: Attestation:** MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission **as an appendix**.

As part of the HHIP submission 1 requirement, MCPs may detail any proposed prospective changes to the IP based on observed impacts and lessons learned from investments made during the measurement period. If prospective changes are not proposed, MCP must submit reaffirmation that the original IP (this submission) remains up to date. Retrospective changes are not allowable.

¹ If an MCP is operating in a county with multiple CoCs, the MCP must obtain letters of support from at least 50% of the CoCs in the county.

MCP INFORMATION

Provide the name and contact information for the MCP submitting this IP response.

MCP Name	Contra Costa Health Plan
Lead Contact Person Name and Title	Dennis Hsieh, MD JD – Chief Medical Officer
Contact Email Address	dennis.hsieh@cchealth.org
Contact Phone	925-313-6024

PART I: INVESTMENTS

Using the table below, MCPs must submit a narrative describing specific investments they intend to make to overcome existing funding gaps and meet the goals of the HHIP. For each investment activity, MCPs should include details on anticipated:

- I. **Investment Activity:** Investment that will be made throughout CY 2022 and CY 2023 toward achieving the HHIP program goals to (1) ensure MCPs have the necessary capacity and partnership to connect their members to needed housing services, and (2) reduce and prevent homelessness.
- II. **Gap or Need Addressed:** Identify the existing funding gaps or county needs that the investment is intended to address and specify how the MCP identified this gap/need (i.e., in reviewing the HHAP², through conversations with the CoC). Funding gaps and county needs are defined as gaps/needs in housing-related infrastructure, capacity and provider partner capabilities that are not sufficiently funded to meet the needs of Medi-Cal beneficiaries.
- III. **Description:** Details of the investment activity, including anticipated:
 - a. Dollar amount. If the specific dollar amount is not known at this time, the MCP may provide a dollar range, which should be as narrow as possible.
 - b. Recipient(s). If the specific organization is not known at this time, the MCP may provide the type of recipient which should be defined as specifically as possible (i.e., all FQHCs in a defined geographic region, short-term housing shelters in need of beds).
 - c. Timelines for the investment activity, including potential plans for sustainability after the conclusion of the HHIP.
- IV. **HHIP Measures Impacted:** Specify HHIP measure(s) that the investment activity is intended to impact. In total across all investments, a minimum of ten measures that are designated “P4P” in either Submission 1 or Submission 2, or both, must be impacted.
- V. **Domain Targeted:** Specify whether the investment will support MCP or provider/partner infrastructure and capacity (or both), or serve as a direct member intervention.

MCPs may add additional rows to the table submission as needed.

² Materials for each round of HHAP can be accessed on the [HHAP website](#). MCPs should use the HHAP-3 assessment of funding availability to inform their IP submission (or the HHAP-2 assessment, if the HHAP-3 assessment is unavailable).

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
<i>Example: CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
1. Increase dispatch capacity by increasing funding to 211	Financial support in 211	<p>Adds 1 FTE Call Specialist dedicated to housing calls and possibly expand bilingual access and/or hours of operations for housing dedicated dispatch</p> <p>Adds .5 FTE Volunteer/Training Manager to support ongoing training on CES for 211 staff and volunteers</p> <p>Adds .5 FTE Call Center Manager to support increased staff Adds much needed infrastructure to 211 for ongoing staff and volunteer training, operating costs, and rising personnel expenses</p>	~\$200,000	Contra Costa 211	January 2023 - July 2023	1.2, 3.4, 3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
2. Increase Coordinated Entry capacity by increasing funding to H3's CES team	Improve Coordinated Entry capacity	<p>Adds 1 FTE Coordinated Entry Specialist to support housing placements, provider coordination, and training</p> <p>Adds 1 FTE Community Outreach Specialist to increase community education of CES and resources available within CoC</p> <p>Adds much needed infrastructure to CES including staff training, operating costs, and rising personnel costs</p>	~\$300,000	Contra Costa H3	January 2023 - July 2023	3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Direct Member Interventions
3. Stabilize funding to Housing Security Fund	Funds to support housing	<p>Provides ongoing, flexible funding for direct assistance to people at risk of homelessness or currently experiencing homelessness. The Housing Security Fund is utilized to support housing deposits, utility assistance, one-time expenses, and creative housing</p>	~\$500,000	Contra Costa H3	October 2022 - December 2023	3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
		problem solving to divert or exit people from the homeless system of care.					
4. Medical Legal Partnership	Address access to legal services to prevent homelessness	Provides direct access for CCHP patients for eviction prevention, public benefits maximization (SSI, CalWORKs, General Assistance, Section 8) so that individuals can stay in housing or afford to move into new housing.	~\$450,000	Contracting Legal Services Organization	March 2023-February 2026	3.5, 3.6	Direct Member Interventions
5. Increase racial equity and engagement with People with Lived Experience	Equity and Engagement in housing	<p>Provides ongoing, flexible funding for racial equity trainings to the Council on Homelessness</p> <p>Provides ongoing, flexible funding to compensate people with lived experience who serve on the Council of Homelessness or participate in CoC activities like working groups or feedback opportunities.</p>	~\$100,000	People With Lived Experience	September 2022 - December 2023	1.6	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
6. Support creation of landlord incentive program	Capacity building for landlords to support continued housing	Provides funding to subcontract to existing provider with landlord engagement strategies to pilot program to pair housing navigation services with landlord outreach and supports. Investment could include a flexible landlord fund for repairs and maintenance, incentives for renting to particularly hard to serve populations, and/or incentives for lowering barriers in the rental process.	~\$500,000	Landlords though out Contra Costa	July 2023 - December 2022	3.5, 3.6	Provider/ Partner Infrastructure
7. Support creation of shallow subsidy program	Lack of housing case management services	Provides funding to subcontract existing rapid rehousing provider to pilot a shallow subsidy program that would provide short term subsidy without case management services to up to 100 households needing light touch financial support to obtain or maintain housing	~\$500,000	Rapid Rehousing Contractors	January 2023 - December 2023	3.5, 3.6	Direct Member Interventions

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
8. Strengthen and expand HMIS infrastructure	Data Monitoring and Quality Improvement	Provides funding for increased software licensing costs for MCP partners Add 2 FTE HMIS training staff Add 1 FTE CalAIM compliance specialists to ensure compliance and administrative support Add 1 FTE Outcomes Analytics Evaluator Support planning and implementation of bidirectional data sharing between Epic and HMIS data systems	~\$1,250,000	CC HMIS	April 2023 - October 2023	1.2, 1.4, 2.2	MCP and Provider/ Partner Infrastructure
9. Support annual Point-in-Time count to accurately capture homelessness in Contra Costa County	Data Monitoring and Population Health with Equity lens	Add 1 FTE for temporary Project Manager to coordinate stakeholders and implement PIT Count in January 2023 Add funding for Temporary ArcGIS software licenses for volunteer teams Increase funding to pilot City based surveying methodology Provide incentives to people experiencing homelessness who participate in survey process and provide snacks for volunteers during training and the day of the PIT Data Analysis, infographics, and	~\$130,000	Contra Costa County PIT	October 2022 - April 2023	1.1	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
		report generation support Add additional capacity to conduct a youth specific PIT					
10. Provide investment to Measure X funding that would support investment in affordable housing or other permanent housing programs	Investment to permanent housing programs	Provide one time, 1:1 match for Measure X implementation funds managed by H3. Leverages multiple funding sources to preserve or build housing or provide crisis responses to people experiencing homelessness	~\$3,000,000	Measure X Funding	September 2022 - December 2023	3.5, 3.6	Goods
11. One time investment to El Portal Place, 54-unit permanent supportive housing site in San Pablo	Fund a Permanent Housing Site	Provide one time match funding to assist the County's Homekey application to acquire the micro housing permanent supportive housing project located at 2555 El Portal Drive in San Pablo.	~\$1,000,000	El Portal Place	September 2022 - June 2023	3.5, 3.6	Goods

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
12. Pre-development activities to explore opening a Navigation Center in Contra Costa County	Initiating Navigation Center activities	Add consulting capacity to source sites, conduct feasibility studies, and coordinate among County and City stakeholders	~\$500,000	Contra Costa County	June 2023 - December 2023	2.1, 3.1, 3.2, 3.3, 3.4, 3.5,	MCP and Provider/ Partner Infrastructure
13. Increase Street Outreach to target members who are living in encampments or other unsheltered locations to provide basic needs and housing assessments.	Expand Street Outreach to Community	<p>Add 1 FTE to support administrative capacity of Street Outreach teams in CCC</p> <p>Add 6 FTE of Street Outreach direct service staff (two CORE+ teams)</p> <p>Increase funding to support operations, program costs, and increased personnel costs</p>	~\$900,000	Members in unsheltered locations	October 2022	2.1, 3.1, 3.2, 3.3, 3.4, 3.5	Provider/ Partner Infrastructure
14. Support three-year healthcare match to RRH or PSH project applications in HUD CoC Special NOFO focused on unsheltered homelessness	Subsidize healthcare program	Provides 50% leverage to local PSH project and earn bonus points on Collaborative Application. Dollar amount reflects estimated maximum match required, total may be adjusted after project applications submitted on 9/20	~\$2,250,000	HUD CoC Special NOFO	October 2022	3.1, 3.2, 3.5	MCP and Provider/ Partner Infrastructure

PART II: RISK ANALYSIS

Using the space below, MCPs must submit a narrative response detailing a brief risk analysis for their IP, including:

- I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals.
- II. Which aspects of the IP might be affected by those factors; and
- III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

Description of Anticipated Contingencies (500 - 1000-word limit)

The following contingencies would serve as barriers to full implementation of the proposed plan:

1. With inflation, there is an increased cost of housing in the Bay Area, where affordable housing is already scarce. This may not only make it harder to house individuals but increase the number of high-risk patients experiencing homelessness. The HHIP program focuses on data sharing, outreach, engaging, supporting individuals in navigating to housing and keeping individuals in housing. However, if there is no affordable housing to navigate individuals to, then it will be challenging to increase the number of individuals housed even if all the proper supports are in place. Furthermore, even if individuals are successfully engaged with housing plans, if the rate of individuals losing housing because of macroeconomic factors is higher than individuals being housed, then the overall rate of individuals experiencing homelessness will increase. Working to screen members for homelessness in general could be a challenge as it requires additional person power and a balance between not over-assessing members where this information is already available and reaching all members. This measure requires further integration of data across systems of care to develop an efficient, member-centric approach. In terms of screening those with high utilization for homelessness is a potential challenge as many of these individuals are difficult to reach and providers in the acute care setting (emergency department and inpatient) are already stretched thin. Finally, engaging individuals experiencing homelessness in ECM can be challenging given co-morbidities (SMI, SUD, etc.), difficulty reaching these populations, as well as limitations in the operations of ECM providers. From a staffing perspective, CCHP and its partners in the county are always faced with challenges in terms of providing a competitive salary and hiring staff in a timely manner. This could affect the availability of staff to screen for individuals experiencing homelessness. From a technological perspective, meaningful integration, and use of HMIS into daily operations and changing the culture across all departments in CCHP is something that will take time and thoughtfulness to develop.
2. Given these factors, CCHP sees the most challenges with priority measures 3.5 and 3.6 where macroeconomics and inflation as well as the availability of affordable housing are outside of the control of this program. Measure 3.4 can be potentially challenging given the pushback from CCHP's existing ECM providers despite numerous conversations with DHCS already. Measures 3.1 and 3.2 both require further analysis and strategy to ensure optimal outreach strategies and a unified, patient-centered approach. Measures 1.2 and 2.2 are both very doable but in terms of effective integration into

operations and not just connection is where CCHP sees the challenge. Connecting can be achieved, but to make it a useful and meaningful connection that lead to changes in daily operations in order to achieve the goals of the HHIP in priority area 3 is where the challenge lies. The other priority measures under 1&2 are all infrastructure measures that CCHP has high confidence it can achieve in partnership with both Contra Costa Health Services Division and Contra Costa County. CCHP will continue to work with the Continuum of Care and Contra Costa County Health, Housing, and Homelessness (H3) to support and maximize the availability of both services and affordable housing. This will include developing pathways to prioritize CCHP members and train all CCHP staff and partner staff to ensure that CCHP members have the best chance of both obtaining housing and maintaining housing. CCHP will continue to work closely with its ECM partners to evaluate its current engagement strategies and workflows to iterate and improve upon these workflows to ensure both maximum success in ECM enrollment as well as systematic referrals to community supports when appropriate. CCHP will work closely with H3 and the Business Intelligence team to assess the available data to come up with the best way of identifying which individuals have already been screened for homelessness so that it can then develop a plan to fill in the gap. In terms of the high utilizers, again after working with both H3 and BI, CCHP will have to then develop a strategy with its provider partners to ensure this data is captured and actionable. In terms of addressing hiring and onboarding challenges, CCHP continues to work with CCHSD to improve its hiring and retention efforts. In terms of addressing connection vs integration, CCHP is currently working with H3 to develop streamlined and easy to follow pathways to ensure CCHP staff and patients have a clear way to access the homeless system of care. Once this is developed, staff will be trained on this in order to better address the need. CCHP has also contracted with a Community Based Organization – Journey Health Care who have Community Health Workers with lived experience to help reach out to and engage with members experiencing homelessness.

PART III: CoC LETTER OF SUPPORT

MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP response and support the MCP's IP. For MCPs in counties with more than one CoC, **at least 50% of CoCs** must provide signatures indicating their support.

The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.

Part IV: Attestation

MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets as of the date of signature. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee.

The signed attestation should be included with this IP submission as an appendix.



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09/15/2022

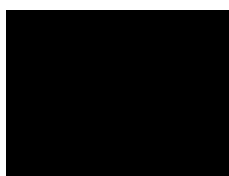
To: California Department of Health Care Services
Re: Housing and Homelessness Incentive Program (HHIP) Investment Plan Letter of Support

The Contra Costa Continuum of Care (CoC) is supportive of the California Department of Health Care Services (DHCS) Housing and Homeless Incentive Program Investment Plan(s) (IP) being submitted by the Contra Costa Health Plan and Anthem Blue Cross. The CoC had the opportunity to engage and collaborate with the Managed Care Plans (MCP), provide input on the IP, and were able to review the IP prior to the submission.

The CoC understands that the IP reflects a non-binding general direction for investments the MCPs are willing to initially make to meet DHCS' HHIP program metrics independent of how the MCPs plan to invest HHIP incentive funds once earned. The CoC also understands that the MCPs' HHIP investments are contingent on the MCPs meeting HHIP measures over the two-year HHIP program. To this end the CoC is committed to collaborating with the MCPs as they engage locally to meet HHIP program metrics.

If you have any questions, please feel free to reach out directly

Thank you,



Juno Hedrick
Chair, Council on Homelessness



Medi-Cal Managed Care

Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)

Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)

Health Plan:

Contra Costa Medical Services, dba Contra Costa Health Plan

County:

Contra Costa

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law. The statements and supporting materials provided by CCHP pursuant to the HHIP IP submission are projections and are therefore subject to change. The Plan is not liable or subject to penalty or loss of incentive payments by the Department of Health Care Services for reasonable amendments to the statements provided herein.

By:

Dr. Dennis Hsieh

Print name

September 30, 2022

Date

Signature

Chief Medical Officer

Title